Complete Summary

GUIDELINE TITLE

Viral upper respiratory infection (VURI) in adults and children.

BIBLIOGRAPHIC SOURCE(S)

Institute for Clinical Systems Improvement (ICSI). Viral upper respiratory infection (VURI) in adults and children. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2004 May. 29 p. [67 references]

COMPLETE SUMMARY CONTENT

SCOPE

DISEASE/CONDITION(S)

Viral upper respiratory infection (VURI)

GUIDELINE CATEGORY

Diagnosis
Evaluation
Management
Treatment

CLINICAL SPECIALTY

Family Practice
Internal Medicine
Pediatrics

INTENDED USERS

Advanced Practice Nurses
Allied Health Personnel
Health Care Providers
Health Plans
Hospitals
Managed Care Organizations
Nurses
Physician Assistants
Physicians

GUIDELINE OBJECTIVE(S)

- To increase the appropriateness of patient visits for viral upper respiratory infection (VURI)
- To eliminate the inappropriate use of antibiotics in patients presenting with cold symptoms
- To increase patient knowledge of effective home treatment of cold symptoms

TARGET POPULATION

Children, adolescents and adults who are in generally good health and are not at risk

The guideline should be applied with great care, if at all, to any patients with complicating factors.

INTERVENTIONS AND PRACTICES CONSIDERED

Diagnosis

1. Physical examination including assessment of symptoms of viral upper respiratory infection (VURI), considering the age of the patient.
2. Evaluation by a provider for symptoms of a serious illness and complicating factors.

Treatment/Management

1. Patient education including the importance of hand washing, prevention of transmission in infants and toddlers, frequency, symptoms and natural course of viral upper respiratory infection in adults and children.
2. Over-the-counter medication:
    - For children:
        - Acetaminophen
        - Cold and cough medications
    - For adults:
        - Acetaminophen
        - Pseudoephedrine HCl (e.g., Sudafed®)
        - Decongestant nasal sprays (e.g., oxymetazoline [e.g., Afrin®], phenylephrine HCl [Neo-synephrine®])
        - Ipratropium bromide nasal spray (Atrovent®)

    - Phenol-type throat spray (e.g., Chloraseptic®) or lozenges for sore throat
    - Dextromethorphan [antitussive] (e.g., Delsym®)
    - Dextromethorphan [antitussive] plus guaifenesin [expectorant] (e.g., Robitussin DM®)
    - Note: The use of echinacea was considered but not recommended
3. Comfort measures including adequate humidity, extra fluids, nutritious diet, hard candy or throat lozenge, saline nose drops/sprays, rest.
4. Callback instructions

MAJOR OUTCOMES CONSIDERED

- Office visits for viral upper respiratory infection (VURI) for patients with symptoms for less than seven days
- Number and severity of symptoms
- Rate of inappropriate antibiotic usage in patients presenting with cold symptoms
- Cost of care for viral upper respiratory infection

METHODOLOGY

METHODS USED TO COLLECT/SELECT EVIDENCE

Searches of Electronic Databases

DESCRIPTION OF METHODS USED TO COLLECT/SELECT THE EVIDENCE

No additional description of literature search strategies available.

NUMBER OF SOURCE DOCUMENTS

Not stated

METHODS USED TO ASSESS THE QUALITY AND STRENGTH OF THE EVIDENCE

Not stated

RATING SCHEME FOR THE STRENGTH OF THE EVIDENCE

Not applicable

METHODS USED TO ANALYZE THE EVIDENCE

Systematic Review

DESCRIPTION OF THE METHODS USED TO ANALYZE THE EVIDENCE

Not stated

METHODS USED TO FORMULATE THE RECOMMENDATIONS

Not stated

RATING SCHEME FOR THE STRENGTH OF THE RECOMMENDATIONS

Not applicable

COST ANALYSIS

The guideline developers reviewed published cost analyses.

METHOD OF GUIDELINE VALIDATION

Clinical Validation-Pilot Testing
Internal Peer Review

DESCRIPTION OF METHOD OF GUIDELINE VALIDATION

Institute Partners: System-Wide Review

The guideline annotation, discussion and measurement specification documents undergo thorough review. Written comments are solicited from clinical, measurement, and management experts from within the member groups during an eight-week review period.

Each of the Institute's participating member groups determines its own process for distributing the guideline and obtaining feedback. Clinicians are asked to suggest modifications based on their understanding of the clinical literature coupled with their clinical expertise. Representatives from all departments involved in implementation and measurement review the guideline to determine its operational impact. Measurement specifications for selected measures are developed by the Institute for Clinical Systems Improvement (ICSI) in collaboration with participating member groups following implementation of the guideline. The specifications suggest approaches to operationalizing the measure.

Guideline Work Group

Following the completion of the review period, the guideline work group meets 1 to 2 times to review the input received. The original guideline is revised as necessary and a written response is prepared to address each of the responses received from member groups. Two members of the Respiratory Steering Committee carefully review the input, the work group responses, and the revised draft of the guideline. They report to the entire committee their assessment of four questions: (1) Is there consensus among all ICSI member groups and hospitals on the content of the guideline document? (2) Has the drafting work group answered all criticisms reasonably from the member groups? (3) Within the knowledge of the appointed reviewer, is the evidence cited in the document current and not out-of-date? (4) Is the document sufficiently similar to the prior edition that a more thorough review (critical review) is not needed by the member

group? The committee then either approves the guideline for release as submitted or negotiates changes with the work group representative present at the meeting.

Pilot Test

Member groups may introduce the guideline at pilot sites, providing training to the clinical staff and incorporating it into the organization's scheduling, computer and other practice systems. Evaluation and assessment occurs throughout the pilot test phase, which usually lasts for three-six months. At the end of the pilot test phase, ICSI staff and the leader of the work group conduct an interview with the member groups participating in the pilot test phase to review their experience and gather comments, suggestions, and implementation tools.

The guideline work group meets to review the pilot sites' experiences and makes the necessary revisions to the guideline; the Respiratory Steering Committee reviews the revised guideline and approves it for release.

RECOMMENDATIONS

MAJOR RECOMMENDATIONS

The recommendations for the management of viral upper respiratory infection (VURI) in adults and children are presented in the form of an algorithm: Viral Upper Respiratory Infection (VURI) in Adults and Children with 9 components, accompanied by detailed annotations. Clinical highlights and selected annotations (numbered to correspond with the algorithm) follow.

Class of evidence (A-D, M, R, X) ratings are defined at the end of the "Major Recommendations" field.

Clinical Highlights

1. Patients and/or parents and children presenting or calling with symptoms suggestive of the common cold should be evaluated for other symptoms and the presence of more serious illness. (Annotation #3, Table 1 in the original guideline document; Annotation #7, Tables 2 and 3 in the original guideline document)
2. Patients and/or parents should receive an outline of home care and callback instructions when symptoms are not exhibiting more serious illness or complicating factors. (Annotation #9)
3. The primary treatment of VURI is education-based; education is to take place in the clinic, on the telephone, at the worksite and in newsletters. (Annotation #9)
4. The common cold is viral in origin and antibiotic treatment should be reserved for more serious illness. (Annotation #9c)

Viral Upper Respiratory Infection (VURI) in Adults and Children Algorithm Annotations

1. Patient Reports Some Combination of Symptoms

The symptoms of VURI may include general malaise, laryngitis, infection of the conjunctiva, decreased appetite, headache, and increased fussiness. Onset of symptoms is rapid. The fever usually lasts 1 to 3 days and commonly does not exceed 102 degrees F. Nasal discharge is initially clear and usually becomes yellow or green toward the end of the VURI; this does not signify a bacterial infection and the patient does not need to be seen. The symptoms of a VURI usually peak in 3 to 5 days and should resolve in 7 to 14 days. A mild cough may persist at night for 2 to 3 weeks. Refer to the National Guideline Clearinghouse (NGC) summary of the Institute for Clinical Systems Improvement (ICSI) guideline Acute Pharyngitis for those patients reporting a sore throat without rhinorrhea, cough, or hoarseness.

Evidence supporting this recommendation is of class: B, R

2. Determine Age/Assess Symptoms

As Tables 1 and 2 in the original guideline document show, seriousness of symptoms is often dependent on the patient's age. Thus, it is important to assess age in determining symptom severity or in ruling out a more serious illness than viral upper respiratory infection. Refer to Tables 1 and 2 in the original guideline for a detailed list of symptoms of serious illness and symptoms that may indicate an illness other than VURI.

3. Are Symptoms of Serious Illness Present?

Recognizing the signs of a serious illness before it becomes life-threatening is usually the medical provider's key concern. An important purpose of listing serious symptoms (Table 1 of the original guideline document) is to assist providers and triage personnel in distinguishing between VURIs and more serious illness. The urgency index increases with the number and severity of symptoms. Symptoms in Table 1 indicate which patients presenting with VURI symptoms need to be seen by a provider.

- Upper Airway Obstruction: Peritonsillar or retropharyngeal abscesses, epiglottitis or related conditions are life-threatening and require combined ear, nose, and throat (ENT)/anesthesia management in an emergency room or operating room setting.
- Lower Airway Obstruction: Lower airway obstruction signals an underlying or different condition than VURI. If moderate to severe distress is present, this suggests pneumonia, chronic obstructive pulmonary disease (COPD), asthma, foreign body, cardiac condition or other underlying conditions requiring specific evaluation and treatment in an intensive setting. Such symptoms indicate the need for urgent evaluation, and/or the need for intensive treatment, supplemental oxygen, and prolonged observation.
- Severe Headache: Severe headache could indicate subarachnoid hemorrhage; complications of sinusitis such as cavernous sinus thrombosis or sphenoid sinusitis; meningitis; encephalitis; or other conditions. Such symptoms require prompt, intensive evaluation and care.

Evidence supporting this recommendation is of class: R

5. Are Complicating Factors Present?

This guideline applies to patients in normal health and without complicating health factors.

The guideline should be applied with great care, if at all, to any patients with complicating factors. A list of potential complicating factors, though not comprehensive, may include:

- Elderly
- Infants less than 3 months old
- Smokers
- Pregnancy*
- Diabetes
- Asthma
- Inhalant allergies
- Immunosuppression
- Immunocompromised
- Chronic Illness/disease (congestive heart failure [CHF], COPD, sickle-cell disease, etc.)

*Although this guideline should be applied with caution to pregnant women, therapies recommended in this guideline are generally safe for pregnant women except for the use of zinc and dextromethorphan. Dextromethorphan is classified pregnancy class C (no controlled studies, give only if benefits outweigh the risks).

7. Are Symptoms of Illness Other Than VURI Present?

Refer to Table 2 in the original guideline document for further discussion of symptoms of illness other than VURI, including serious illnesses. This table may be used as a triage tool. Table 3 in the original guideline document utilizes a diagnostic-based approach and offers a more complete summary of illnesses to be differentiated from the VURI and associated symptoms.

Evidence supporting this recommendation is of class: M

9. Home Care Callback Instructions/Patient Education
    A. Prevention
        1. Hand washing is the most effective way to prevent the spread of the common cold. VURI is most contagious at the onset of symptoms and while febrile.
        2. For infants and toddlers:
            a. Discourage visitors who have an acute illness, a fever or contagious disease.
            b. Prevent child with VURI from sharing toys and pacifier with other children and clean these items with soap and hot water as feasible to reduce opportunities for viral transmission.
            c. Use and teach good hand washing.
            d. Ask visitors to wash their hands before holding baby.

e. Daycare with three or more families represented is associated with higher incidence of VURIs, ear infections and lower respiratory infections, therefore:
    - check to see if staff and children at your child's daycare are being taught good hand washing and other infections control measures (excellent educational materials are available that daycare providers can obtain).
    - consider daycare options that reduce exposure to other children (relative or friend, in-home nanny shared by two families)

f. Because human milk contains ingredients that help protect babies from infections, encourage and support mothers to continue breast-feeding for an appropriate period.

B. Frequency, symptoms and natural course of VURI:

1. A viral upper respiratory infection is characterized by some combination of the following symptoms: sore throat, rhinorrhea, post-nasal mucus, cough, fever <102 degrees F lasting <72 hours, laryngitis.
2. The onset of symptoms is rapid. Symptoms worsen during the first three to five days and then gradually begin to improve.
3. Symptoms will usually resolve in 7 to 14 days regardless of what is done.
4. Mild coughs often persist for two to three weeks after other symptoms improve.
5. "Sinus congestion," colored nasal discharge and headaches frequently accompany colds and do not necessarily indicate that a serious infection is present.

For children

6. It is not unusual for a child to have five to eight colds a year.
7. Children with VURIs have some combination of the following symptoms: nasal congestion and discharge, fever, sore throat, cough, laryngitis, mild fussiness or irritability, decrease in appetite, sleep disturbance, and mild eye redness or drainage.

C. Treatment Recommendations

1. <u>Antibiotics</u>
    a. Antibiotics are only effective for treating bacterial infections. Because colds are viral infections, antibiotic use will not cure or shorten their length.
    b. Antibiotics cause side effects such as gastrointestinal discomfort, diarrhea, allergic reactions, diaper rash, and yeast infections.
    c. Unnecessary use of antibiotics can lead to the development of antibiotic-resistant strains of bacteria.
2. <u>Over-the-counter medications</u>
    a. Over-the-counter cold and cough medications and acetaminophen do not shorten the duration of VURIs.

b. For adults with a cold, over-the-counter nasal sprays or decongestants may provide temporary relief of sore throat, runny nose, coughing, minor aches and fever. Because of potential side effects, however, be sure to follow the recommended dosage and precautions. Patients who have high blood pressure, diabetes, thyroid disease, or are pregnant, should check with their physician regarding recommendations for decongestant use.
c. Fevers that accompany colds are usually less than 102 degrees F and last less than three days. Use medication for discomfort as recommended by a physician or nurse.
d. In adults there is some evidence that zinc gluconate may decrease the duration of a cold if started within 24 hours of onset, however, adverse reactions including nausea and bad taste may limit its usefulness. No current studies indicate zinc has effectiveness in treating cold symptoms in children.

3. Over-the-counter medications recommended for children
    a. Do not use cold or cough medications for children under six months unless advised by a physician. For children over six months, cold and cough medications should be used very sparingly, if at all; do not use these regularly or throughout the day; follow directions on product.
    b. Do not treat cold symptoms with aspirin-containing products for anyone under the age of 21.
    c. For fever:

        1. Less than three months of age: if temperature is >100.5 degrees F rectally, seek further evaluation to rule out more serious illness.
        2. Three months of age to 3 years of age: give acetaminophen 10-15mg/kg/dose every 4-6 hours.
        3. Three years to 18 years of age: use acetaminophen at appropriate dosage for age.

    d. For fussiness:
        1. Less than three months of age: give acetaminophen 10-15mg/kg/dose every 4-6 hours.
        2. Three months of age to three years of age: give acetaminophen 10-15mg/kg/dose every 4-6 hours.
        3. Three years to 18 years of age: use acetaminophen at appropriate dosage for age.

4. Over-the-counter medications recommended for adults
    a. For general discomfort, headache and fever reduction: Acetaminophen
    b. For nasal discharge and congestion:

1. Pseudoephedrine HCl (e.g., Sudafed®) 60 mg every 4-6 hours, not to exceed 4 doses per 24 hours
2. Decongestant nasal sprays for no longer than three days, such as oxymetazoline (Afrin®), phenylephrine HCl (Neo-synephrine®)
3. Ipratropium bromide nasal spray (Atrovent®, 0.06%) 2 puffs each nostril 3-4 times per day. The cost/benefit ratio of this therapy is questionable.

c. For sore throat:
   1. Phenol-type throat spray (e.g., Chloraseptic®) or lozenges

d. For cough:

   Use the following only for coughs not relieved by non-pharmacological measures:

   1. Dextromethorphan [antitussive] (Delsym®)
   2. Dextromethorphan [antitussive] plus guaifenesin [expectorant] (Robitussin DM®)
   3. Phenol-type throat spray (e.g., Chloraseptic®)
   4. Dextromethorphan is contraindicated for people who are on monoamine oxidase (MAO) inhibitors (for example, phenelzine sulfate [Nardil®], and tranylcypromine [Parnate®])

e. Echinacea

   Findings in the medical literature do not support the use of echinacea in preventing VURI. Some preliminary data indicate that echinacea may shorten the course of VURI; however studies that produced this data are small. Methods by which echinacea is prepared are not standardized and actual dose delivered by specific products varies widely. Hence, the work group cannot recommend the use of echinacea in preventing or shortening the duration of VURI at this time.

5. <u>Comfort measures</u>
   a. Maintain adequate humidity in your home. Sit in the bathroom with a steamy shower running.
   b. Extra fluids. Warm fluids are especially soothing for irritated throats (e.g., chicken soup).
   c. Nutritious diet as tolerated.
   d. Elevate head of bed.
   e. Salt water gargle for sore throat. Homemade salt water (1/4 teaspoon dissolved in eight ounces warm water), or a store version.
   f. Hard candy or throat lozenge for sore throat or cough. (Not recommended for children 12 and under.)
   g. Saline nose drops/sprays. Commercial (Ocean, Salinex, Nasal) or homemade (1/4 teaspoon salt dissolved in

eight ounces warm water; use dropper purchased from drug store).

h. Adequate rest.

i. To relieve nasal congestion for infants less than three months, suction gently with a blunt-tipped bulb syringe before feedings and sleep.

1. Compress bulb before placing over nose.
2. Wash bulb syringe with hot soapy water, rinse and allow to drain and air dry between uses.

D. Callback Instructions

1. Children less than three months of age

Callback if:

- fever (temperature is >100.5 degrees F rectally)
- breathing with difficulty
- feeding poorly
- decreased responsiveness

2. Children three months to 18 years of age

Callback if:

- fever (temperature is >101 degrees F) for three days or more
- symptoms worsen after three to five days or if new symptoms appear (e.g., increasing symptoms of illness, lethargy, decreased responsiveness, poor eye contact, difficulty breathing)
- symptoms have not improved after 7-10 days; it is not unusual, however, for a mild cough and congestion to continue 14 days or more

3. Adults

a. Callback if symptoms worsen after three to five days; new symptoms develop or symptoms do not improve after 14 days.

b. These symptoms require immediate evaluation at an appropriate site:

1. Upper respiratory distress (stridor, drooling, inability to swallow)
2. Lower respiratory distress (moderate to severe dyspnea)
3. Severe headache ("worst ever," rigid neck, altered mental state, focal neurologic symptoms)

Evidence supporting this recommendation is of classes: A, B, C, D, M, R

Definitions:

Classes of Research Reports:

A. Primary Reports of New Data Collection:

Class A:

- Randomized, controlled trial

Class B:

- Cohort study

Class C:

- Non-randomized trial with concurrent or historical controls
- Case-control study
- Study of sensitivity and specificity of a diagnostic test
- Population-based descriptive study

Class D:

- Cross-sectional study
- Case series
- Case report

B. Reports that Synthesize or Reflect upon Collections of Primary Reports

Class M:

- Meta-analysis
- Systemic review
- Decision analysis
- Cost-effectiveness study

Class R:

- Consensus statement
- Consensus report
- Narrative review

Class X:

- Medical opinion

CLINICAL ALGORITHM(S)

A detailed and annotated clinical algorithm is provided for the management of Viral Upper Respiratory Infection (VURI) in Adults and Children.

EVIDENCE SUPPORTING THE RECOMMENDATIONS

TYPE OF EVIDENCE SUPPORTING THE RECOMMENDATIONS

The guideline contains an annotated bibliography and discussion of the evidence supporting the recommendations. The type of supporting evidence is classified for selected recommendations (see "Major Recommendations").

BENEFITS/HARMS OF IMPLEMENTING THE GUIDELINE RECOMMENDATIONS

POTENTIAL BENEFITS

- Improved patient competence and comfort with home care of the viral upper respiratory infection (VURI) through education
- Improved ability of medical personnel to differentiate viral upper respiratory infection from more severe illness
- Improved appropriateness of care for viral upper respiratory infections while decreasing the cost of that care

POTENTIAL HARMS

Adverse Effects Associated with Medications

- Over-the-counter nasal sprays and decongestants have potential side effects.
- Zinc can cause adverse reactions including bad taste and nausea.

Subgroups Most Likely to Be Harmed:

- Aspirin, ibuprofen, and naproxen should be avoided by persons who: 1) are not eating well (risk of gastrointestinal bleeding); 2) have a history of peptic ulcer or related disorder; 3) have aspirin-sensitive asthma; and 4) have renal dysfunction.
- Patients who have high blood pressure, diabetes, thyroid disease, or are pregnant should check with their physician regarding recommendations for decongestant use.
- Although caution is urged in treating pregnant women, the recommended therapies are generally safe except for the use of zinc and dextromethorphan. Dextromethorphan is classified pregnancy category C (no controlled studies, give only if benefits outweigh the risks). Zinc is not indicated and may be dangerous in pregnancy.

CONTRAINDICATIONS

CONTRAINDICATIONS

Dextromethorphan is contraindicated for people who are on MAO inhibitors (for example, phenelzine sulfate (Nardil®), and tranylcypromine (Parnate®)

QUALIFYING STATEMENTS

QUALIFYING STATEMENTS

- This clinical guideline is designed to assist clinicians by providing an analytical framework for the evaluation and treatment of patients, and is not intended either to replace a clinician's judgment or to establish a protocol for all patients with a particular condition. A guideline will rarely establish the only approach to a problem.
- This clinical guideline should not be construed as medical advice or medical opinion related to any specific facts or circumstances. Patients are urged to consult a health care professional regarding their own situation and any specific medical questions they may have.

IMPLEMENTATION OF THE GUIDELINE

DESCRIPTION OF IMPLEMENTATION STRATEGY

Once a guideline is approved for release, a member group can choose to concentrate on the implementation of that guideline. When four or more groups choose the same guideline to implement and they wish to collaborate with others, they may form an action group.

In the action group, each medical group sets specific goals they plan to achieve in improving patient care based on the particular guideline(s). Each medical group shares its experiences and supporting measurement results within the action group. This sharing facilitates a collaborative learning environment. Action group learnings are also documented and shared with interested medical groups within the collaborative.

Currently, action groups may focus on one guideline or a set of guidelines such as hypertension, lipid treatment and tobacco cessation.

Detailed measurement strategies are presented in the original guideline document to help close the gap between clinical practice and the guideline recommendations. Summaries of the measures are provided in the National Quality Measures Clearinghouse (NQMC).

RELATED NQMC MEASURES

- Viral upper respiratory infection (VURI) in adults and children: percentage of patients with an office visit for cold symptoms who have had symptoms for less than 7 days.
- Viral upper respiratory infection (VURI) in adults and children: percentage of patients with an office visit for cold symptoms who have had symptoms for less than 7 days and who receive an antibiotic.
- Viral upper respiratory infection (VURI) in adults and children: percentage of encounters for cold symptoms (phone care and/or office visits) for which there is documentation that educational messages and/or materials were given.

INSTITUTE OF MEDICINE (IOM) NATIONAL HEALTHCARE QUALITY REPORT CATEGORIES

IOM CARE NEED

Getting Better

IOM DOMAIN

Effectiveness
Patient-centeredness

IDENTIFYING INFORMATION AND AVAILABILITY

BIBLIOGRAPHIC SOURCE(S)

Institute for Clinical Systems Improvement (ICSI). Viral upper respiratory infection (VURI) in adults and children. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2004 May. 29 p. [67 references]

ADAPTATION

Not applicable: The guideline was not adapted from another source.

DATE RELEASED

1994 Jun (revised 2004 May)

GUIDELINE DEVELOPER(S)

Institute for Clinical Systems Improvement - Private Nonprofit Organization

GUIDELINE DEVELOPER COMMENT

Organizations participating in the Institute for Clinical Systems Improvement (ICSI): Affiliated Community Medical Centers, Allina Medical Clinic, Altru Health System, Aspen Medical Group, Avera Health, CentraCare, Columbia Park Medical Group, Community-University Health Care Center, Dakota Clinic, ENT SpecialtyCare, Fairview Health Services, Family HealthServices Minnesota, Family Practice Medical Center, Gateway Family Health Clinic, Gillette Children's Specialty Healthcare, Grand Itasca Clinic and Hospital, Hamm Clinic, HealthEast Care System, HealthPartners Central Minnesota Clinics, HealthPartners Medical Group and Clinics, Hennepin Faculty Associates, Hutchinson Area Health Care, Hutchinson Medical Center, Lakeview Clinic, Mayo Clinic, Mercy Hospital and Health Care Center, MeritCare, Minnesota Gastroenterology, Montevideo Clinic, North Clinic, North Memorial Health Care, North Suburban Family Physicians, NorthPoint Health &: Wellness Center, Northwest Family Physicians, Olmsted Medical Center, Park Nicollet Health Services, Quello Clinic, Ridgeview Medical Center, River Falls Medical Clinic, St. Mary's/Duluth Clinic Health System, St. Paul Heart Clinic, Sioux Valley Hospitals and Health System, Southside Community

Health Services, Stillwater Medical Group, SuperiorHealth Medical Group, University of Minnesota Physicians, Winona Clinic, Winona Health

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SOURCE(S) OF FUNDING

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GUIDELINE COMMITTEE

Respiratory Steering Committee

COMPOSITION OF GROUP THAT AUTHORED THE GUIDELINE

Work Group Members: Paul Berry, MD (Work Group Leader) (HealthPartners Medical Group) (Pediatrics); Pamela Harris, MD (Park Nicollet Health Services) (Allergy); Barbara Malone, MD (Otolaryngology & Head and Neck Surgery, P.A.) (ENT); David Sherris, MD (Mayo Clinic) (ENT); Bruce Cunningham, DO (Family HealthServices Minnesota) (Family Practice); Brian Ebeling, MD (Quello Clinic, Ltd.) (Family Practice); Mark Hagberg, MD (Park Nicollet Health Services) (Family Practice); Robert Sheeler, MD (Mayo Clinic) (Family Practice); Tom Bisig, MD (Mayo Clinic) (Internal Medicine); Richard Pfohl, MD (Park Nicollet Health Services) (Internal Medicine); Susan Virant, RN (HealthPartners Medical Group) (Adult Nursing); Peter Marshall, PharmD (HealthPartners) (Pharmacy); Teresa Hunteman (Institute for Clinical Systems Improvement) (Measurement/Implementation Advisor); Nancy Greer, PhD (Institute for Clinical Systems Improvement) (Evidence Analyst); Jenelle Meyer, RN (Institute for Clinical Systems Improvement) (Facilitator)

FINANCIAL DISCLOSURES/CONFLICTS OF INTEREST

In the interest of full disclosure, Institute for Clinical Systems Improvement (ICSI) has adopted the policy of revealing relationships work group members have with companies that sell products or services that are relevant to this guideline topic. The reader should not assume that these financial interests will have an adverse impact on the content of the guideline, but they are noted here to fully inform users. Readers of the guideline may assume that only work group members listed below have potential conflicts of interest to disclose.

No work group members have potential conflicts of interest to disclose.

ICSI's conflict of interest policy and procedures are available for review on ICSI's website at www.icsi.org.

GUIDELINE STATUS

This is the current release of the guideline.

This guideline updates a previous version: Viral upper respiratory infection (VURI) in adults and children. Bloomington (MN): Institute For Clinical Systems Improvement (ICSI); 2002 Dec. 31 p.

GUIDELINE AVAILABILITY

Electronic copies of the updated guideline: Available from the Institute for Clinical Systems Improvement (ICSI) Web site.

Print copies: Available from ICSI, 8009 34th Avenue South, Suite 1200, Bloomington, MN 55425; telephone, (952) 814-7060; fax, (952) 858-9675; Web site: www.icsi.org; e-mail: icsi.info@icsi.org.

AVAILABILITY OF COMPANION DOCUMENTS

The following is available:

- Viral upper respiratory infection (VURI) in children and adults. In: ICSI pocket guidelines. April 2003 edition. Bloomington (MN): Institute for Clinical Systems Improvement, 2003 Mar. p. 228-31.

Print copies: Available from ICSI, 8009 34th Avenue South, Suite 1200, Bloomington, MN 55425; telephone, (952) 814-7060; fax, (952) 858-9675; Web site: www.icsi.org; e-mail: icsi.info@icsi.org.

PATIENT RESOURCES

None available

NGC STATUS

This summary was completed by ECRI on June 30, 1999. The information was verified by the guideline developer on August 4, 1999. This summary was updated by ECRI on October 13, 2000, December 4, 2002 and most recently on April 18, 2003. The updated information was verified by the guideline developer on May 22, 2003. This summary was updated again by ECRI on August 5, 2004.

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